

Name
in
Full

Edgar Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Daywin	Howard					
Date of death 1906	Month Jan.	Day 23	Age 24	Years	Months	Days
Sex Male	Color or Race Colored			Birth-place Md.		
Occupation Lawyer	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Richard Allen			Father's Birthplace Md			
Mother's Maiden Name Laura Barnes			Mother's Birthplace Md			
Name of person giving Information S. A. Nichols			How related to deceased Son			

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

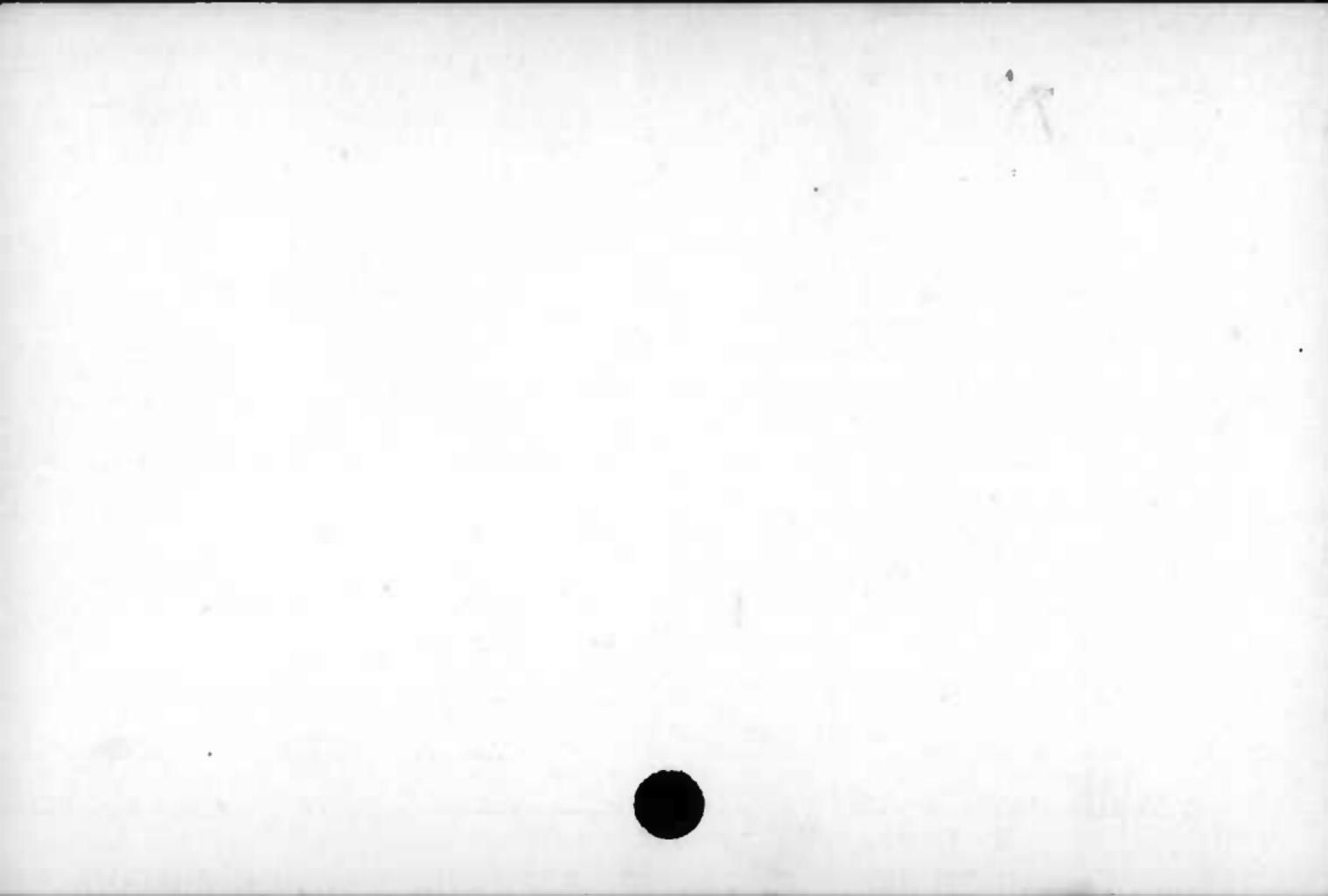
Address

How long

S. A. Nichols

Daywin Md.

Accident or Suicide? Murder



Name
in
Full

Ann Baldwin

CERTIFICATE OF DEATH

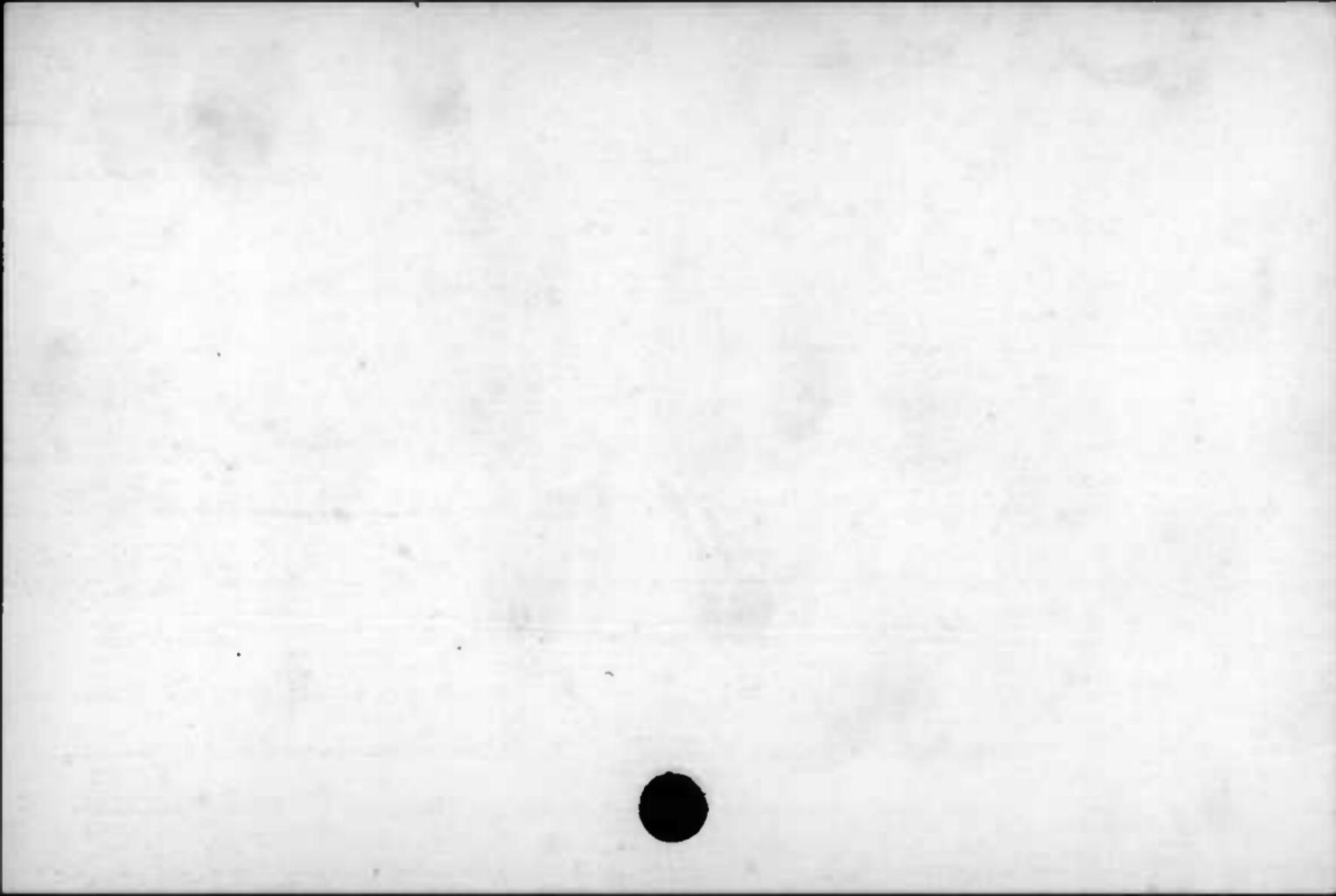
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Savage		County	Howard	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Retired		Where Residing if not at place of death	Savage		
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	William Baldwin			Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Newshaw			Mother's Birthplace	Md	
Name of person giving Information	Fannie Burge			How related to deceased	kins	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cause of Death		How long	8 days
Immediate	Heart failure		How long	sudden
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	W. W. Whistrom M.D.		
Accident or Suicide?	Address	Savage Md		



Name
in
Full

Mary C. Briggs

CERTIFICATE OF DEATH

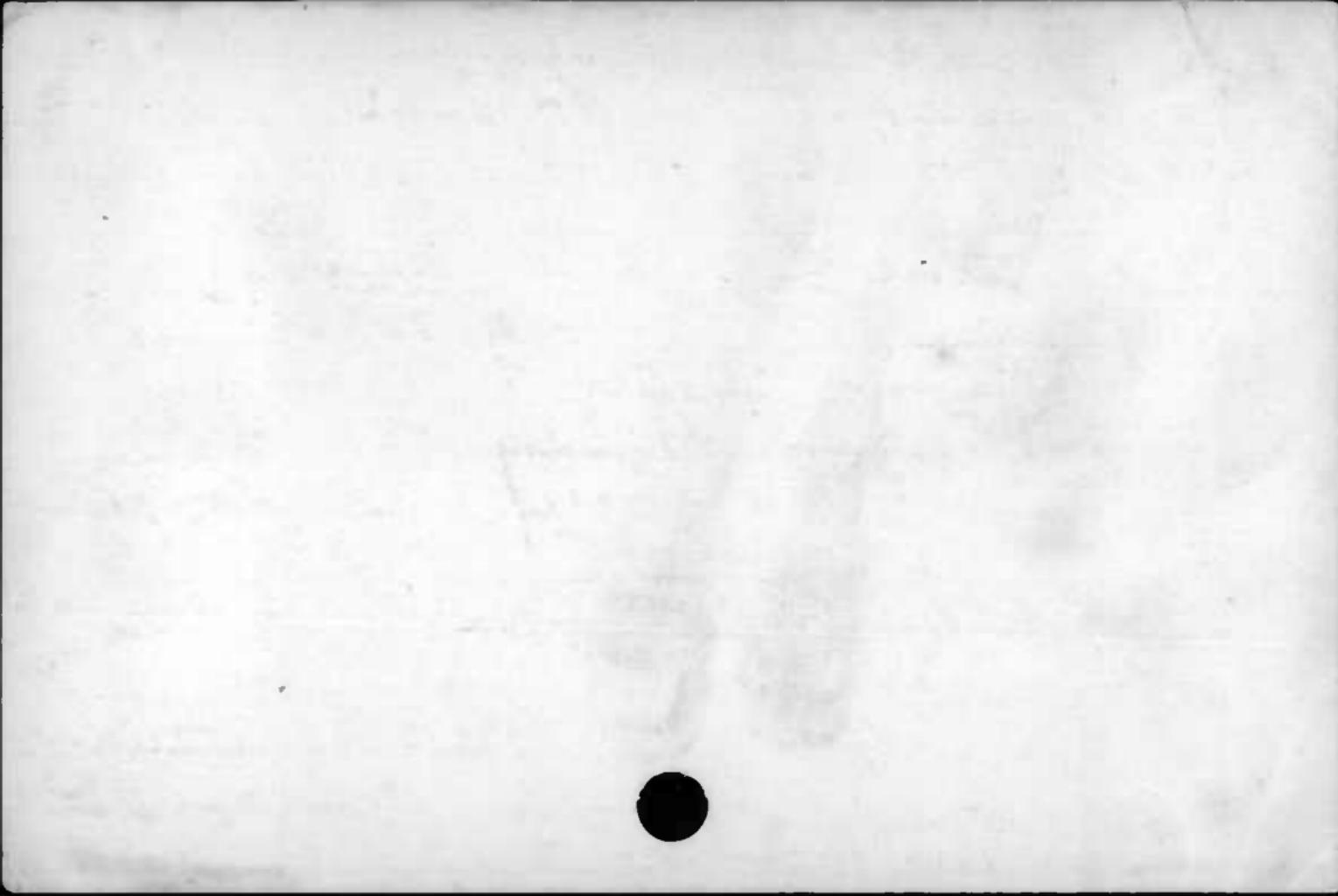
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Jan	21st	65	10	3
Sex	Color or Race	white	Birth-place	Ma	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Savage			
Father's Name	Benj. T. Briggs				
Mother's Maiden Name	Richard Carrick				
Name of person giving information	Sarah Hardy				
	Mary M. Rutherford				
CAUSES OF DEATH					
Primary	Valvular Heart Disease				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long		
yes			1 year		
		Address	How long		
		Savage, Md.	Progressive		

Action or Suicide?

Homicide.



Name
in
Full

Paul. Egglehart Cissel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Howard	MARYLAND	
Date of death	Month	Day	Years	Months Days
190	Jan.	16	—	7 —
Sex	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Philip Cissel			
Mother's Maiden Name	Ellen Egglehart			
Name of person giving information	S. A. Nichols			

CAUSES OF DEATH

108

Primary	Luminal Obstruction	How long
Immediate		2 days

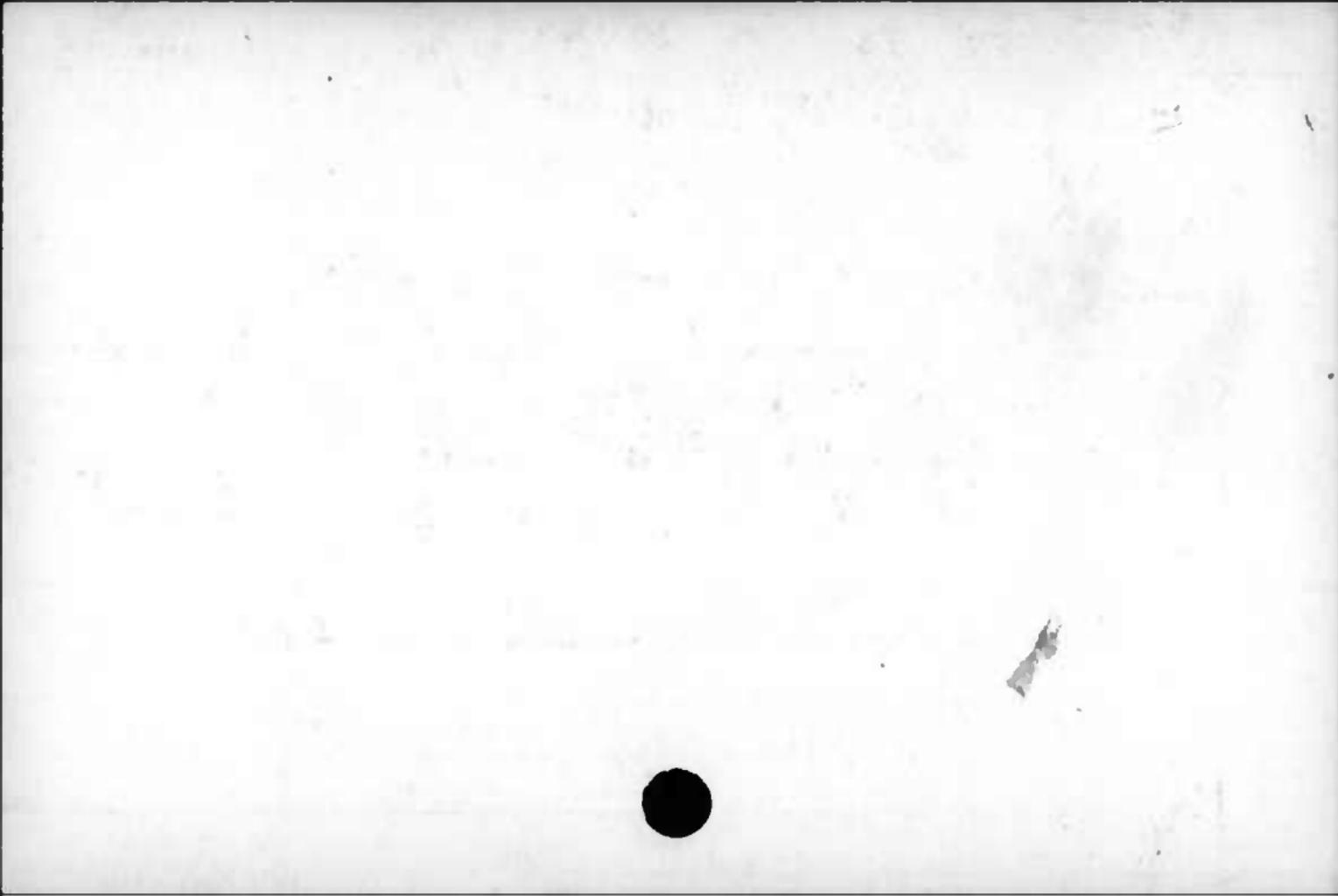
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. A. Nichols
Dayton Md.

Accident or Suicide?



Name
in
Full

John A Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Howard Co.		County	Howard Co.	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Va.	
Occupation	Black Smith			Where Residing if not at place of death	at place of death.	
Married, Single or Widowed	Widow	Name of Wife or Husband	Susan Remond	Father's Birthplace	Wd.	
Father's Name	John Andrew Cole			Mother's Birthplace	Vt.	
Mother's Maiden Name	Susan Radcliff			How related to deceased	Son	
Name of person giving information	H. D. Cole			(D)		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

So. Grippe + Bronchitis

How long

3 weeks

Immediate

Asthma

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. P. Kelly
Laurel Md.

Accident or Suicide?

0170/10

Name
in
Full

Sarah Collins

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY
NEAREST FRIEND

Died at
Alberton

Town

County

Howard

Died at

Month

Day

Years

Date
of death 1907 Aug

Age

69

Months

Days

7

16

Date
of death 1907 AugColor or
Race

White

Birth-
place

Sex Female

Virginia

Occupation

Domestic

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Collins

Father's
Birthplace

Fa

Mother's
Maiden Name

McEwan

Mother's
Birthplace

Fa

Name of person giving
Information

Mrs Collins

95

How related
to deceased

Fa Sister-in-Law

CAUSES OF DEATH

Primary

Systolic Pneumonia and General Asthenia
Pulmonary Sclerosis & Cardiac Asthenia

How long

6 days.

Immediate

How long

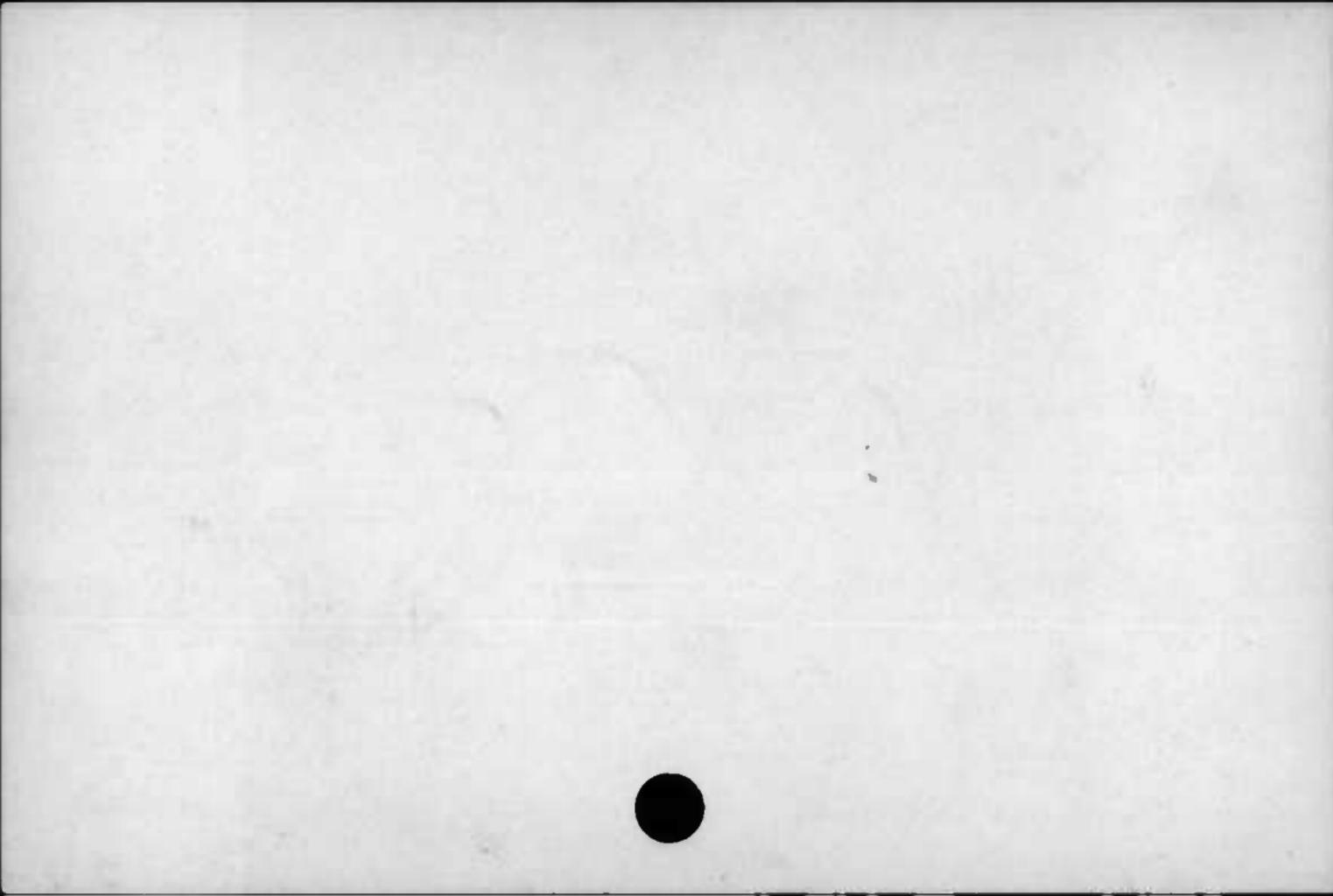
48 hrs

PHYSICIAN
OR CORONER.Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Frank L. Miller M.D.
Alberton Md
Sub Reg of Alberton m.d.

Accident or Suicide?



Name
in
Full

Emory Cooper

CERTIFICATE OF DEATH

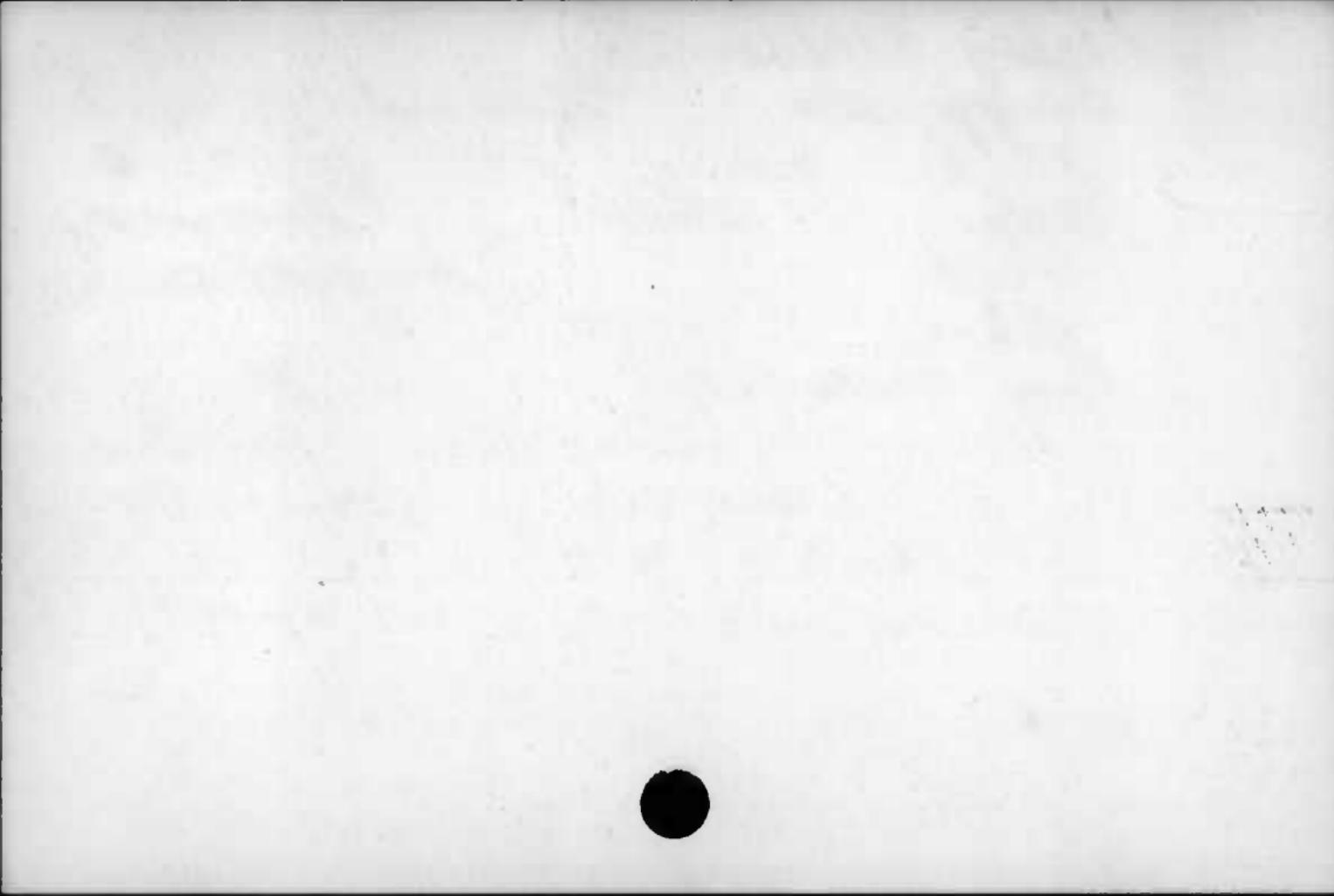
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	North Laurel.
Occupation	Child	Where Residing if not at place of death at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Howard Co
Father's Name	Emory Cooper		Mother's Birthplace	Var	Father
Mother's Maiden Name	Marion Washington		How related to deceased	92	
Name of person giving information	Wm. Cooper		How long	3 days	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronch - Pneumonia	
Immediate	Heart failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Thomas Gross

CERTIFICATE OF DEATH

Died at <u>Fulton</u>		Town	County <u>Howard</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Janry.</u>	Day <u>15</u>	Age <u>78</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Md.</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Fulton</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Don't Know</u>				Father's Birthplace <u>Don't Know</u>		
Mother's Maiden Name <u>Don't Know</u>				Mother's Birthplace <u>Don't Know</u>		
Name of person giving Information <u>Horace Jos. Lattieff.</u>				How related to deceased <u>none</u>		

CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

Two weeks

Immediate

Heart failure

How long

progressive

Are the name, age, sex, color, date and place correctly given above?

yes

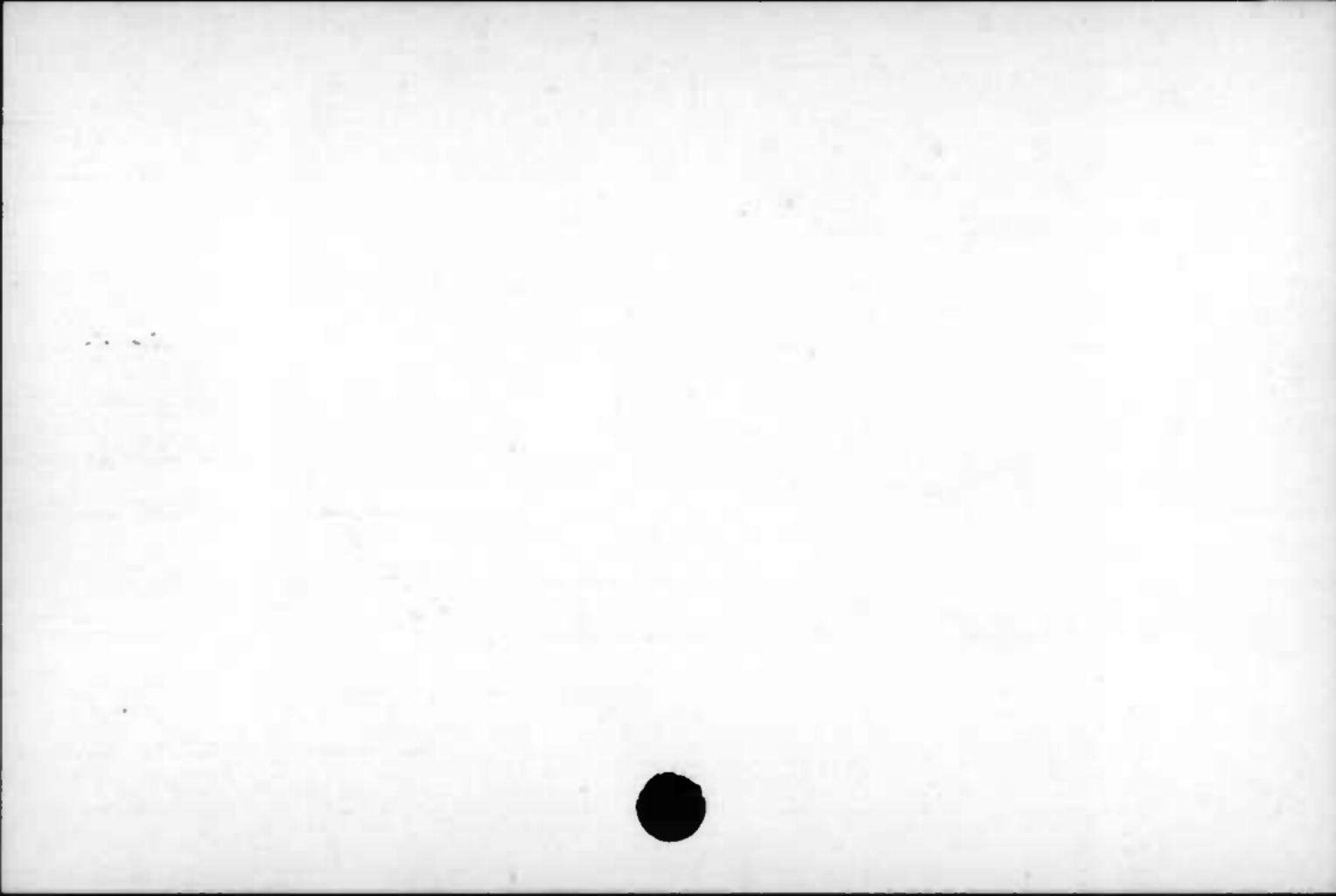
Signature of Physician

H. H. L. Cissel

Address

Highland Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

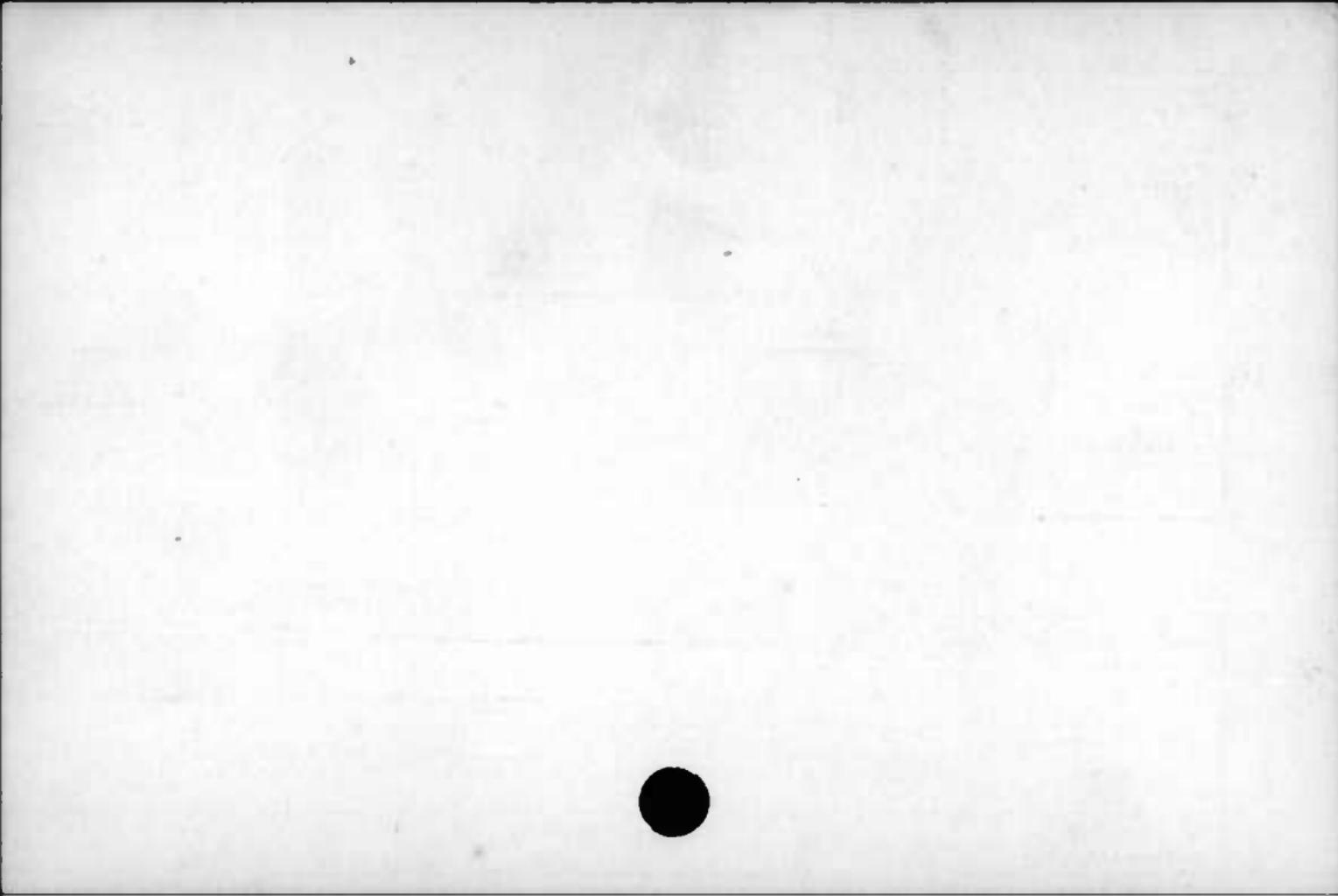
John Denhart

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month Jan	Day 14	Years 79	Months no	Days 20
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Retired	Where Residing if not at place of death			Ellington City	
Married, Single or Widowed	Widower	Name of Wife or Husband	dead (Sophia Holthouse)			Father's Birthplace
Father's Name	Don't Know			Don't Know		
Mother's Maiden Name	Don't Know			Mother's Birthplace		
Name of person giving Information	Heller O Denhart			Daughter		

CAUSES OF DEATH

Primary	Pericardial haemorrhage		How long
Immediate	General debility		21 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
yes		J. W. C. Stone	3 days
		Address	L'ellicott City Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Matthew Duerle					CERTIFICATE OF DEATH		
Died at	Town	Elchester			County	Howard	
Date of death	Month	Day	Age	Years	Months	Days	
1907	Jany	4	82				
Sex	Male	Color or Race	White	Birth-place	Germany.		
Occupation	Hatter	Where Residing if not at place of death			Elchester		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	don't know			Father's Birthplace	don't know		
Mother's Maiden Name	don't know			Mother's Birthplace	don't know		
Name of person giving information	Rev. Wm H. Brick			How related to deceased	nose		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

4 yrs

Immediate

Exsanguination

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Thos Brown

Address

111 East 2nd

Accident or Suicide?



Name
in
Full

John Henry Harmon Darsch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	1 st District		County	Howard	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Howard Co Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Frank Darsch			Father's Birthplace	Germany
Mother's Maiden Name	Mary Catherine Wittman			Mother's Birthplace	Baltimore
Name of person giving Information	Catherine Eespey			How related to deceased	Aunt

CAUSES OF DEATH

Primary

Tubercular Meningitis

How long

14 weeks

Immediate

Convulsions

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr C. J. Wallfeldt
Bellevue Md

Accident or Suicide?



Name
in
Full

Hercolden Stlen

CERTIFICATE OF DEATH

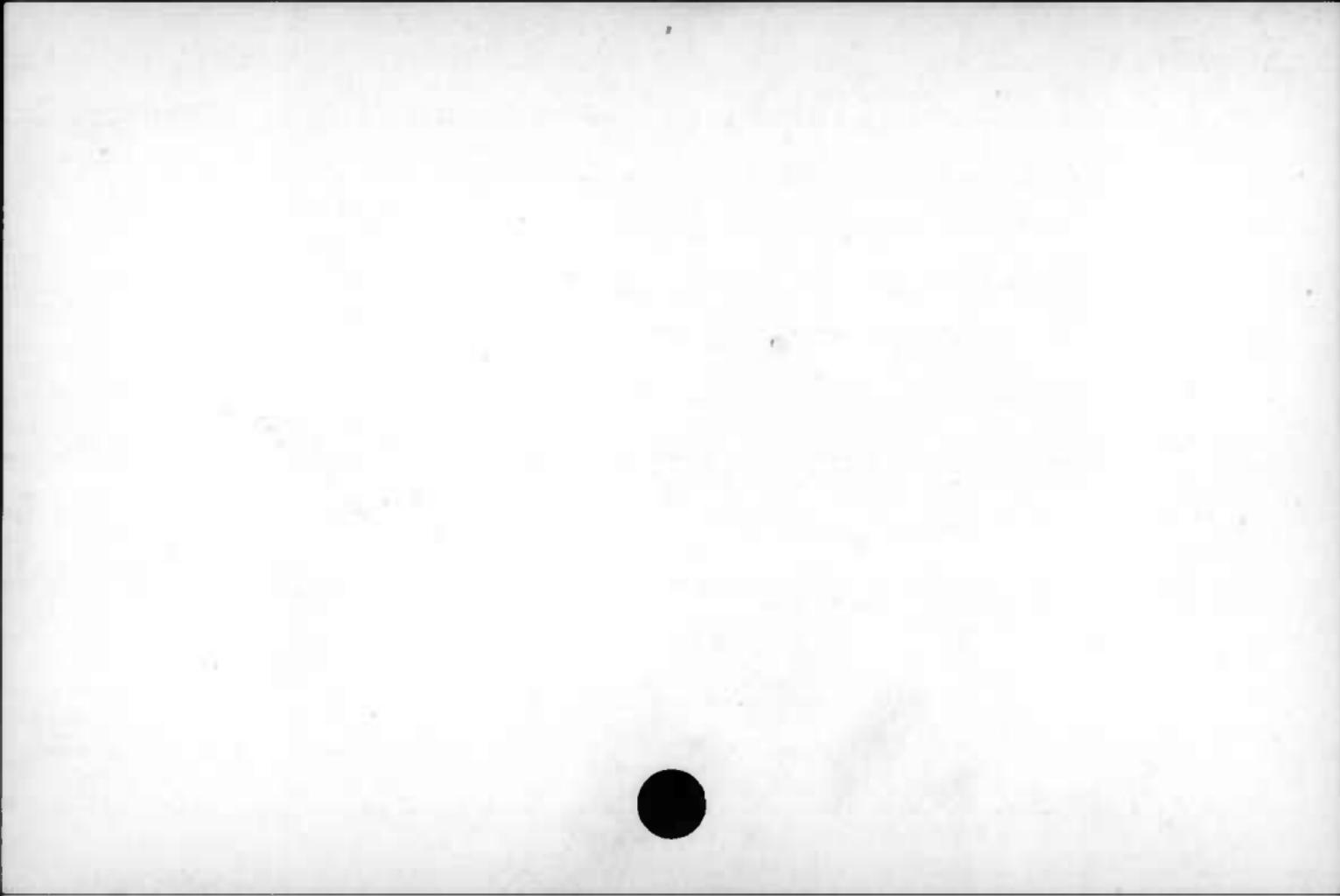
To BE ANSWERED BY
NEAREST FRIEND

Died at ^{own} New Illinois City	County Ward	MARYLAND			
Date of death 1907	Month July	Day 24	Age 86	Months —	Days —
Sex Male	Color or Race white	Birth- place Ireland			
Married, Single or Widowed Married	Occupation Retired				
Name of Wife or Husband Elizabeth Herrold	Father's Name John Stlen	Father's Birthplace Ireland			
Mother's Maiden Name Estella Nevels	Mother's Birthplace Ireland				
Name of person giving Information Margaret Carroll	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile Degeneration	How long 10 days
Immediate flu grippe	How long 10 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Mollie Blodgett
	Address 111 W. Illinois Street
Accident or Suicide?	

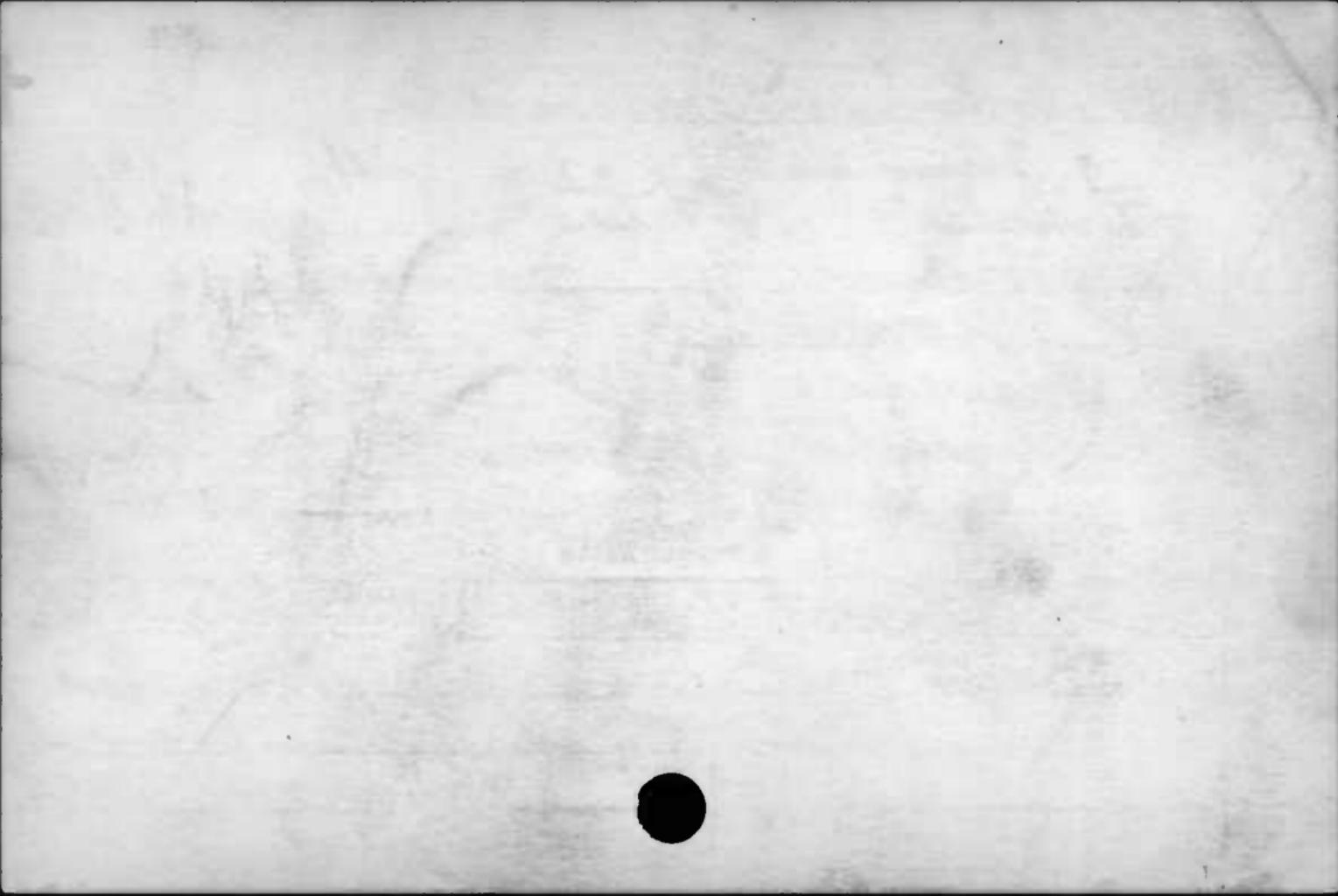


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County		MARYLAND
Date of death	Month	Day	Years	Months	Days
Died at	Sykesville	Howard	28	—	14
Date of death	1907	Jan	27	Age	Years
Sex	Female	Color or Race	African	Birth-place	Sykesville Md.
Occupation	Housekeeper				
Married, Single or Widowed	Married	Name of Wife or Husband	John W. Fry	Residing place of deceased	Elkridge Md
Father's Name	Charles Johnson				
Mother's Maiden Name	Laura Dorsy				
Name of person giving information	John W. Fry				
CAUSES OF DEATH					
Primary	Pulmonary Consumption				How long
Immediate	Effects of same				about 3 mos
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
I think so				Address	
				C. H. Heffington Jr. MD	
				Sykesville Md.	
Accident or Suicide?				No.	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Mary Virginia Fulton			MARYLAND		
near Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
1907	January	8	13	51	—
Sex	Color or Race	Age	Birth- place		
Female	white	13	Maryland		
Occupation	Where Residing if not at place of death				
None	Maryland				
Married, Single or Widowed	Name of Wife or Husband				
Single	Emma W. Corbin				
Father's Name	Father's Birthplace				
William G. Fulton	Maryland				
Mother's Maiden Name	Mother's Birthplace				
Emma W. Corbin	Virginia				
Name of person giving Information	How related to deceased				
Wm G. Fulton	Father				
CAUSES OF DEATH					
Primary	Voluntary desire of death			How long	3 months
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?	Yes,		Signature of Physician	Wm Blayes Lee	
			Address	Elliot City, Md	
Accidental, Suicide?					



Name
in
Full

Rebecca E. Gores

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1907	Month	Day	Age	Years	Months	Days	
Sex Female	Color or Race	White			Birth-place	Carroll Co Md.	
Married, Single or Widowed	Widow		Occupation		Housewife -		
Name of Wife or Husband	George Gores						
Father's Name	Alexander Lillie				Md.		
Mother's Maiden Name	Elizabeth Jenkins				Md.		
Name of person giving Information	Jacob Gores				Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Gastritis

How long

10 days

Immediate

Heart Failure

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Walter Sims
Glenwood, Md.

Accident or Suicide?



Name
in
Full

Tony Hardin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Gulfport

County

Howard

MARYLAND

Date
of death

1907

Month

Jan.

Day

30

Years

56

Months

5

Days

11

Sex

male

Color or
Race

nigro

Birth-
place

N. Carolina

Occupation

Laborer

Where Residing if not
at place of death

Gulfport

Married, Single
or Widowed

married

Name of Wife or
Husband

Elizabeth - Hardin

Father's
Name

Blot Brown

Father's
Birthplace

Montgomery

Mother's
Maiden Name

Blot Brown

Mother's
Birthplace

Blot Brown

Name of person giving
Information

Tony Hardin

How related
to deceased

Son -

CAUSES OF DEATH

Primary

Double Pneumonia

How long

6 days

Immediate

Suppuration

How long

12 hrs -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Minotium M.D.

PHYSICIAN
OR CORONER

Address

Savage M.D.

Accident or Suicide?

No



Name
in
Full

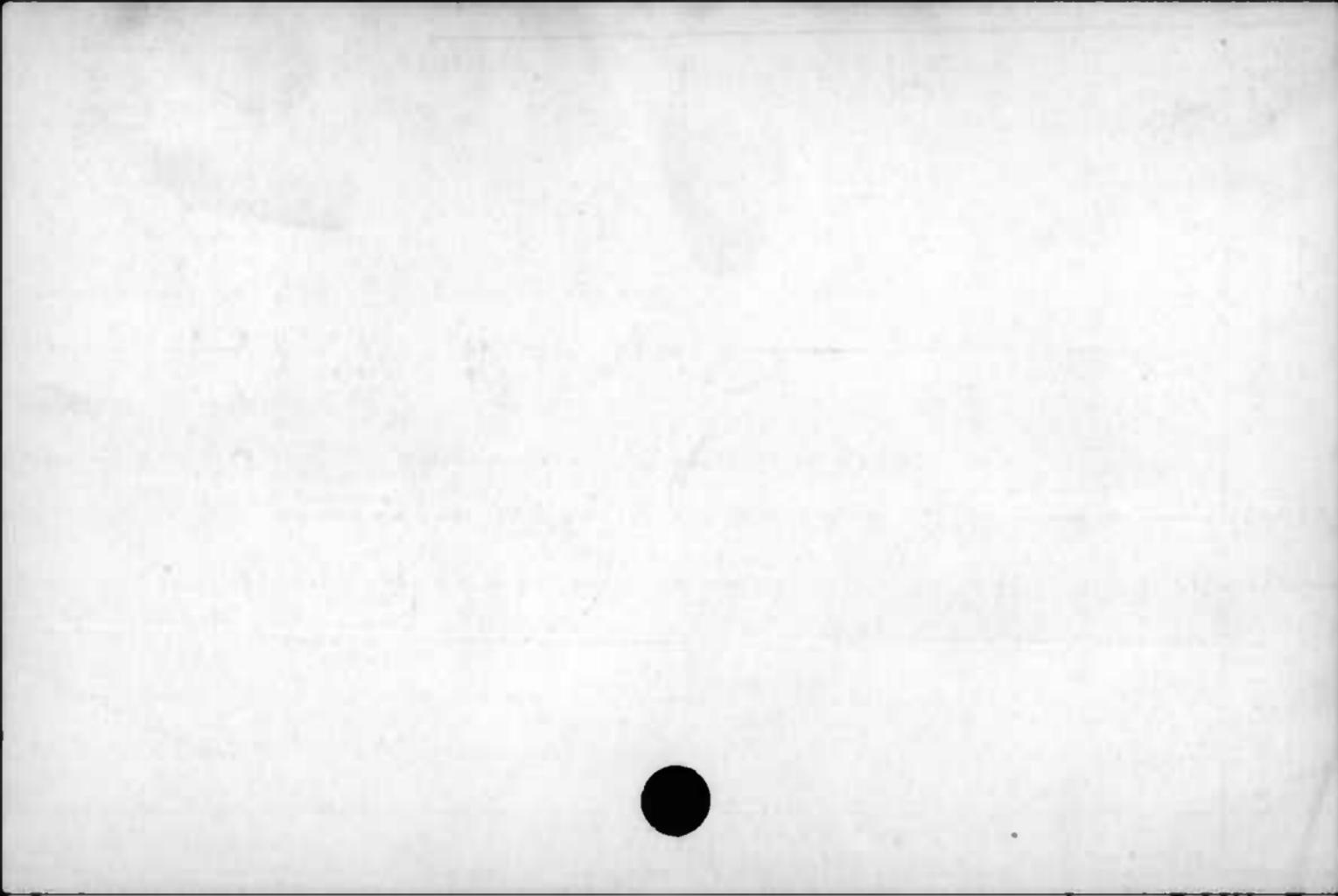
To BE ANSWERED BY
NEAREST FRIEND

Annie W. Harriman

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Jan.	13 th	71=7	—	—
Sex	Color or Race	Birth-place			
Female	white	M.D.			
Occupation	Where Residing if not at place of death				
Retired	Elkridge				
Married, Single or Widowed	Name of Wife or Husband	Charles H. Harriman			
Widow					
Father's Name	Don't Know				
Mother's Maiden Name	Don't Know				
Name of person giving Information	Mr. Elmer Smallwood				
CAUSES OF DEATH					
Primary	Cerebral Hemorrhage				
Immediate	Shock				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long		
Yes		Z.W. Linstrum M.D.	4 days		
Address					How long
					4 days
Accident or Suicide?		Savage			
Murder		M.D.			

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Hellen Harry

CERTIFICATE OF DEATH

Died at

Town

Savage

County

Howard

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

1

1

Age

3

12

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

Infant

Where Residing if not
at place of death

Savage

Married, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Mr W. Harry

Father's
Birthplace

Md.

Mother's
Maiden Name

Magie Price

Mother's
Birthplace

Md.

Name of person giving
Information

Mr Harry

How related
to deceased

father

CAUSES OF DEATH

Primary

Chronic Indigentism

How long

3 mos.

Immediate

Exhaustion

How long

progressive

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Whittier

Address

Savage

Md.

Accident or Suicide?

Whittier

George Cashell

Name
in
Full

Lawncloth Haynes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>near Columbia</u>	County <u>Howard</u>	MARYLAND
Date of death	Month <u>1907</u>	Day <u>Jan 26</u>	Years <u>62</u>
Sex	Age <u>Male</u>	Color or Race <u>White</u>	Months <u>5</u>
Occupation	Where Residing if not at place of death <u>Farmer</u> <u>Columbia</u>		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Mrs E. Haynes</u>	
Father's Name	Jesse Haynes	Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name	Mary Ann Haynes	Mother's Birthplace <u>Maryland</u>	
Name of person giving Information	Mrs. E. Haynes	How related to deceased <u>Wife</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

(20)

How long

2 yrs

Immediate

Paralysis of lower extremities

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. D. Ormings

Ellicott City

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Franz Neusser

CERTIFICATE OF DEATH

Died at Fulton Town

County

MARYLAND

Date
of death

1907

Month

Jan

Day

30

Years

85

Months

—

Days

—

Sex

Male

Color or
Race

white

Birth-
place

Bohemia

Occupation

Shoemaker

Where Residing if not
at place of death

Fulton

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mrs Neusser

Father's
Birthplace

Europe

Father's
Name

Don't Know

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Europe

Name of person giving
Information

Chas. H. Hardin

How related
to deceased

None

CAUSES OF DEATH

Primary

Influenza



How long

One week

Immediate

Suffocation

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

Yes

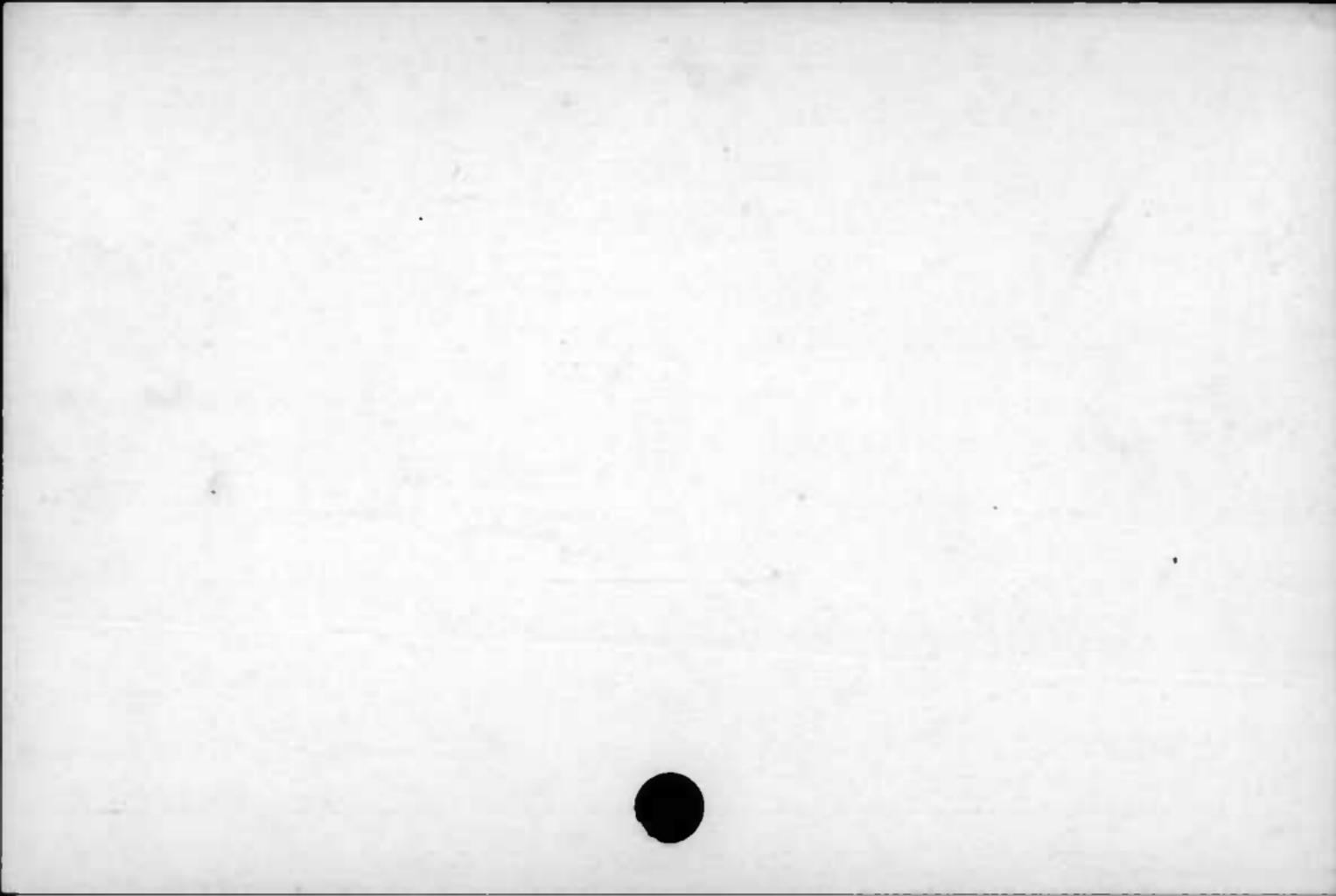
Signature of
Physician

W.W. Cull

Address

Highland Md.

Accident or Suicide?



Name
in
Full

Henry Augusta Johnson

CERTIFICATE OF DEATH

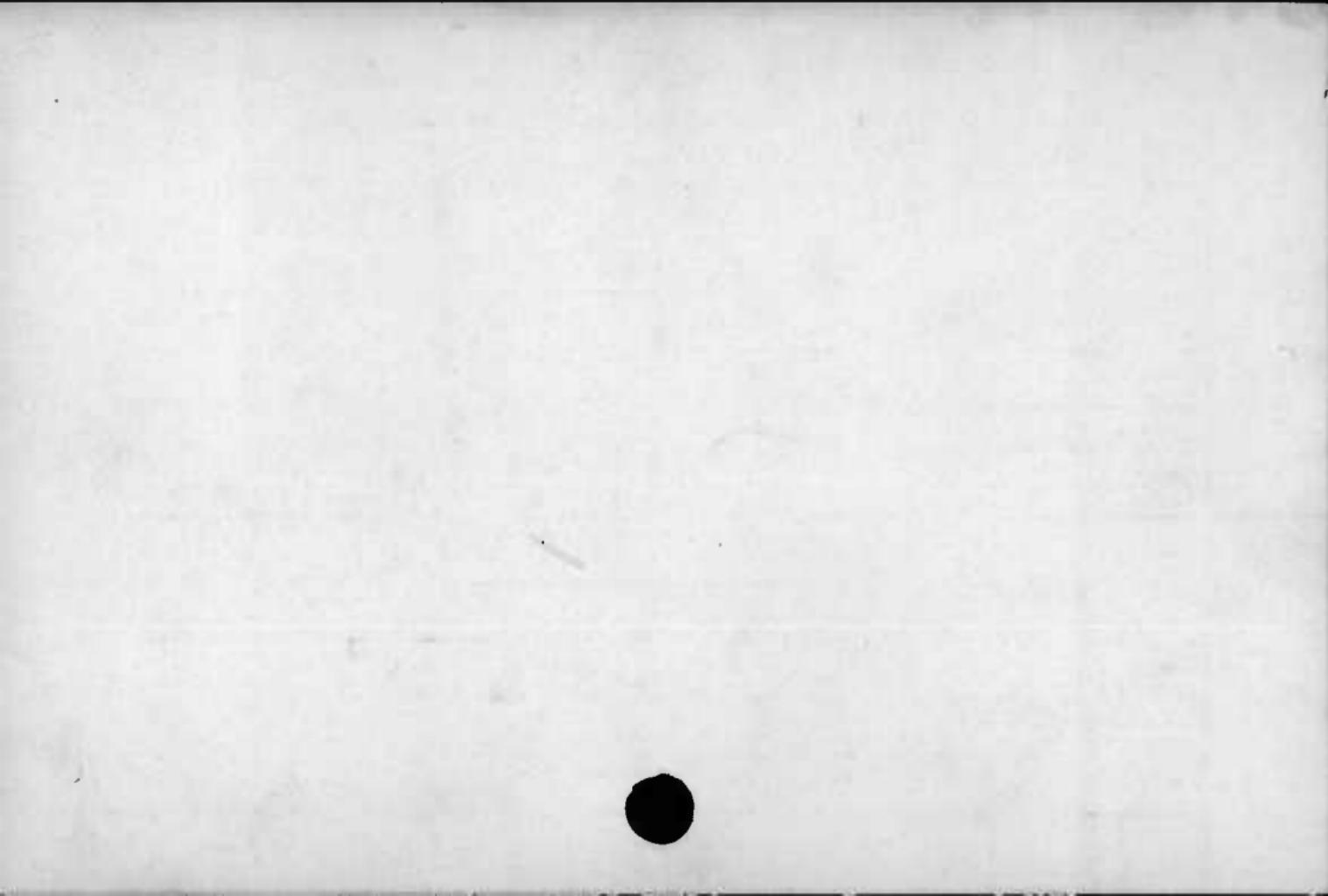
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1907	Jan	33	8
Day	Age	—	
Sex	Color or Race	Birth-place	
Male	black	Maryland	
Occupation	Where Residing if not at place of death		
Laborer	With Father		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
James Johnson	Maryland		
Mother's Maiden Name	Mother's Birthplace		
Lucy Davis			
Name of person giving information	How related to deceased		
James Emery Johnson	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 years
Immediate	Haemorrhage	How long	Immediately
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Webb Jr
		Address	West Friendship
Accident or Suicide?			Howard County Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Isaac Thomas Jones

CERTIFICATE OF DEATH

Died at <u>Eer Ridge</u>		Town		County <u>Howard</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Jany</u>	Day <u>10</u>	Age <u>68</u>	Years	Months <u>1</u>	Days <u>8</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>			
Occupation <u>Judge</u>	Where Residing if not at place of death <u>—</u>						
Married, <u>Yes</u>	Name of Wife or Husband <u>Mary G. Jones</u>				Father's Birthplace <u>Md.</u>		
Father's Name <u>Edward Jones</u>					Mother's Birthplace <u>New Jersey</u>		
Mother's Maiden Name <u>Maria F. Croxlee</u>					How related to deceased <u>Brother</u>		
Name of person giving information <u>Arthur L. Jones</u>							

CAUSES OF DEATH

Primary La Grippe

(10)

How long 10 days

Immediate Lobar Pneumonia

How long 7 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W.R. Eareckson

Address

Eer Ridge, Md.

Accident or Suicide?

Dr Mattfeld
Catonsville

To Mr. Charles, Montreal

Name
in
Full

William Lilly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mrs. Ann Lilly			
Father's Name	Robert Lilly			Father's Birthplace	Maryland
Mother's Maiden Name	Carilla Jones			Mother's Birthplace	Maryland
Name of person giving information	William Lilly			How related to deceased	son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Heart Disease

How long

Months

Immediate

Arthritis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William Lilly
Ellicott City

Accident or Suicide?



Name
in
Full

Francis R. Linticum

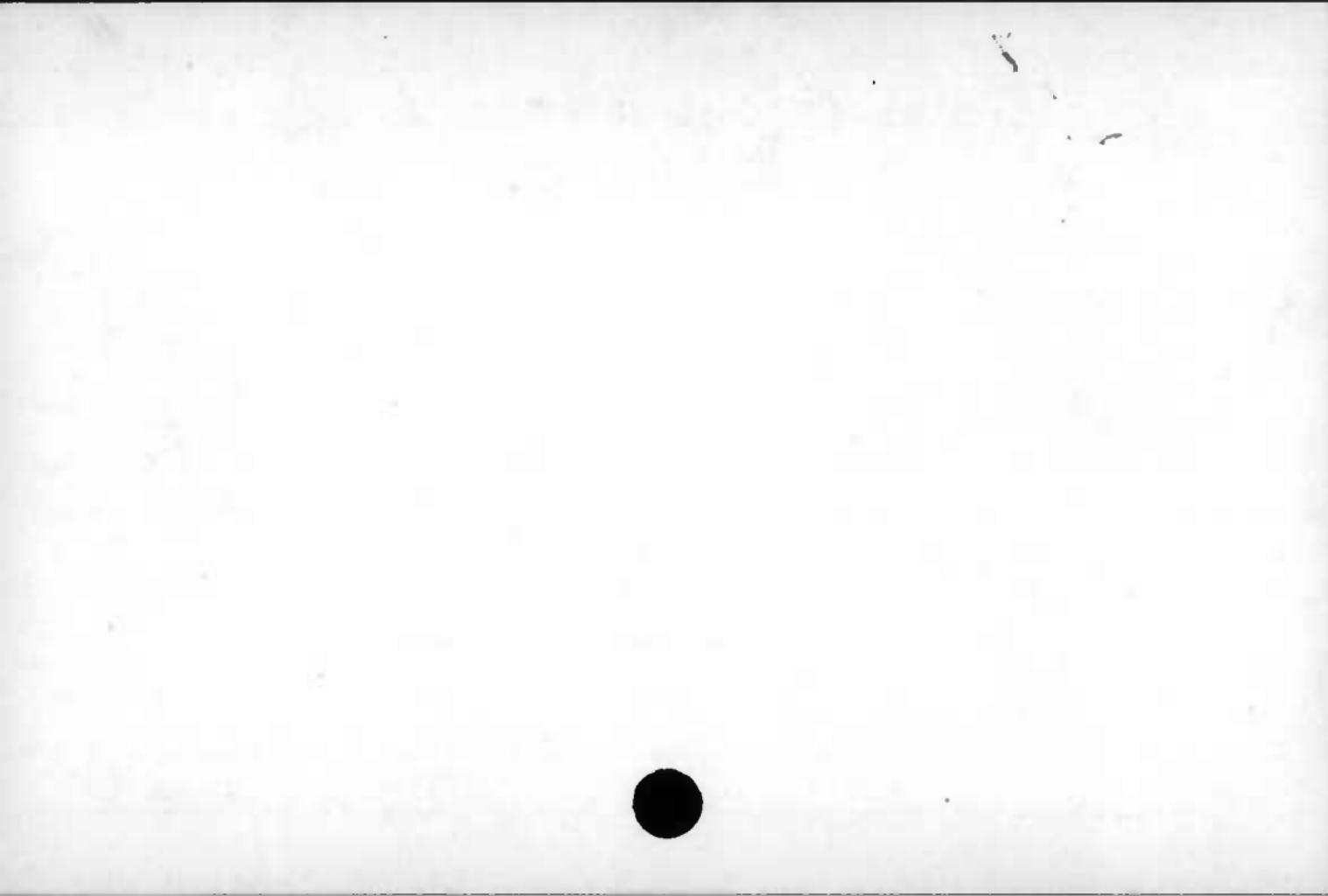
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	69
Occupation	Where Residing if not at place of death	Maryland	
Married, Single or Widowed	Name of Wife or Husband	Elosely	
Father's Name	Andrew Linticum	Father's Birthplace	Ind
Mother's Maiden Name	Katherine Cloe	Mother's Birthplace	Ind
Name of person giving Information	Susan Linticum	How related to deceased	Daughter

CAUSES OF DEATH

Primary	Fibroid Phthisis	How long	25 years
Immediate	Grippe	How long	10 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. A. Nichols
		Address	Dayton Md.
Accident or Suicide?		Neither	



Name
in
Full

still birth Nichols

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	month Jan.	Day 19	Years —
Sex Male	Color or Race White	Birth-place	Maryland
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Md.
Father's Name	Samuel A. Nichols	Mother's Birthplace	Md.
Mother's Maiden Name	Aura James	How related to deceased	Father
Name of person giving information	S. A. Nichols		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

S. A. Nichols
Dayton Md.

Address

Accident or Suicide?

No



Name
in
Full

Mary Emma O'Donnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Michael O'Donnell			
Father's Name	Nicholas Bay	Ireland			
Mother's Maiden Name	Valinda Cook	Ireland			
Name of person giving information	John F. O'Donnell	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

How long

10 days

Immediate

Pneumonia

How long

3

Are the name, age, sex, color, date and place correctly given above?

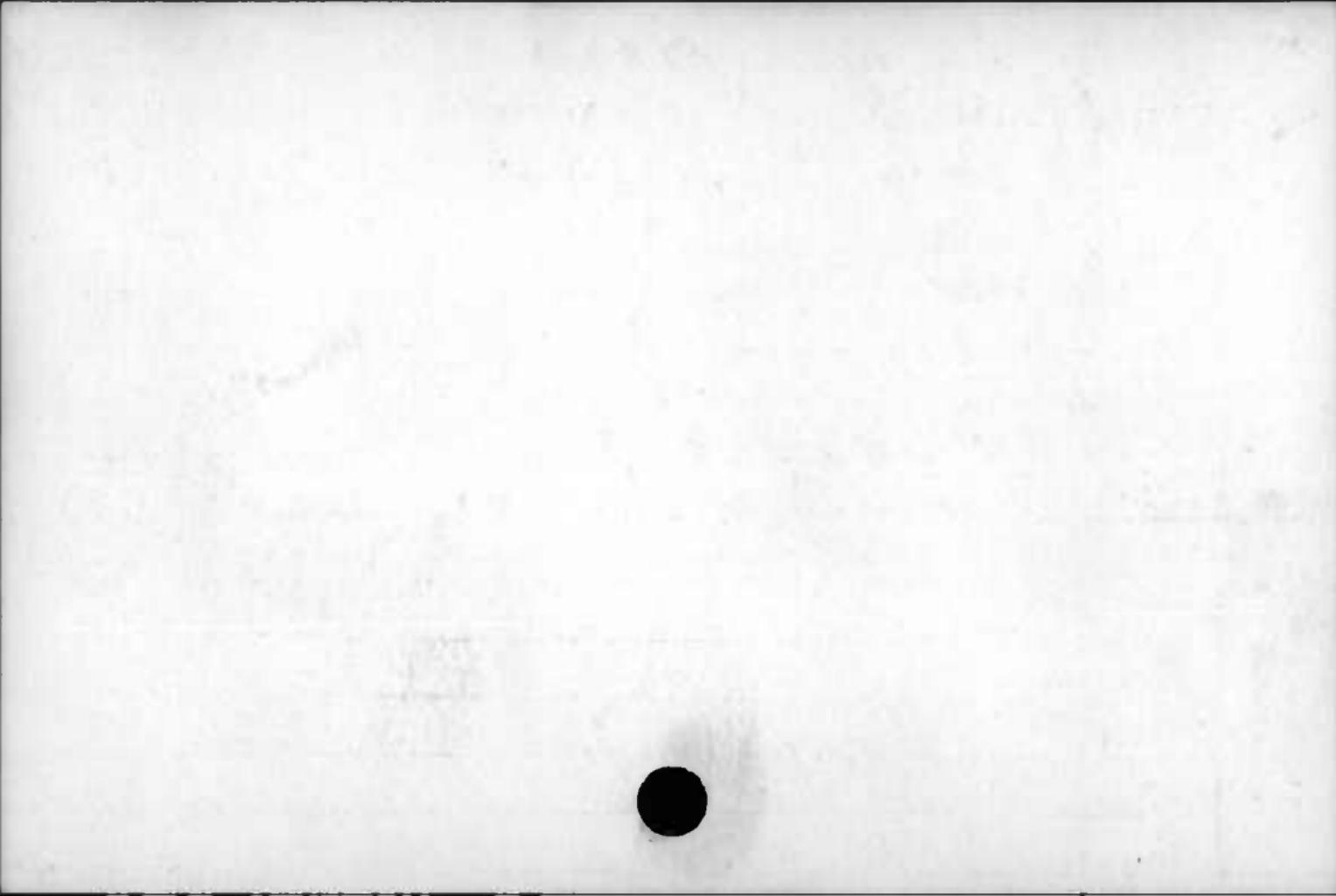
Yes

Signature of Physician

Address

Whetley
Baltimore

Accident or Suicide?



Name
in
Full

Mary Ellen Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Horner</u> Town	County <u>Howard</u>		MARYLAND	
Date of death <u>1907</u> Month <u>January</u>	Day <u>17</u>	Age <u>75</u> Years	Months <u>X</u>	Days <u>X</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>at John Poole</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at John Poole</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Lorraine Poole, deceased</u>			
Father's Name <u>Henry Duvall</u>	Father's Birthplace			
Mother's Maiden Name <u>Hammond</u>	Mother's Birthplace			
Name of person giving Information <u>John Poole</u>	How related to deceased <u>Son</u>			
CAUSES OF DEATH				
Primary <u>Diabetes</u>	(50)		How long <u>3 months</u>	
Immediate <u> </u>	(50)		How long <u> </u>	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

R.O. Maufield
Lisbont

4.2.2

Name
in
Full

William Powers

CERTIFICATE OF DEATH

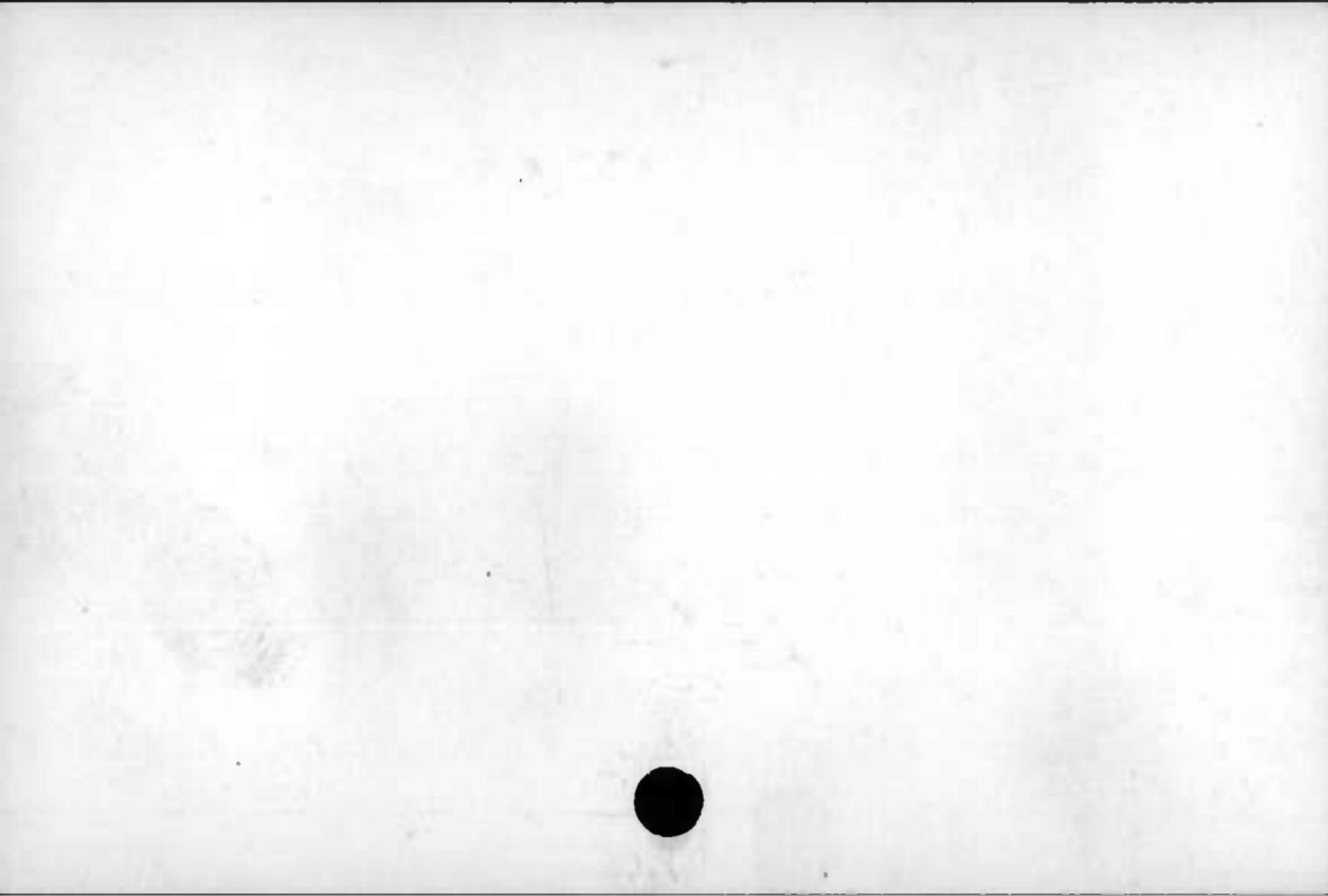
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1907	Ellencott	Howard	Months	Days	
Date of death	Month	Day	Years		
Age	78				
Sex	Male	Color or Race	Birth-place		
Occupation	Black Smith	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Charles C. Powers	Father's Birthplace	Ireland		
Mother's Maiden Name	Mary C. Powers	Mother's Birthplace	Ireland		
Name of person giving information	Charles Powers	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long	2 years
Immediate	Inflammation		How long	2 weeks to
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	B. J. By me	
		Address	Ellencott City	
Accident or Suicide?				



Name
in
Full

George Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
New Clevitt city-		Hanover				
Date of death	Month	Day	Age	Years	Months	Days
1907	Jan.	29	60	0	0	0
Sex	Male	Color or Race	Colored	Birth-place	Va.	
Occupation	Laborer		Where Residing if not at place of death		New Clevitt City, Md.	
Married, Single or Widowed	Widower	Name of Wife or Husband	Don't know,		Don't know	
Father's Name	Don't know		Father's Birthplace		Don't know	
Mother's Maiden Name	Don't know		Mother's Birthplace		Don't know	
Name of person giving Information	Stella Adams		How related to deceased		None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia? (93) ✓ weeks

How long

Immediate

Don't know

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

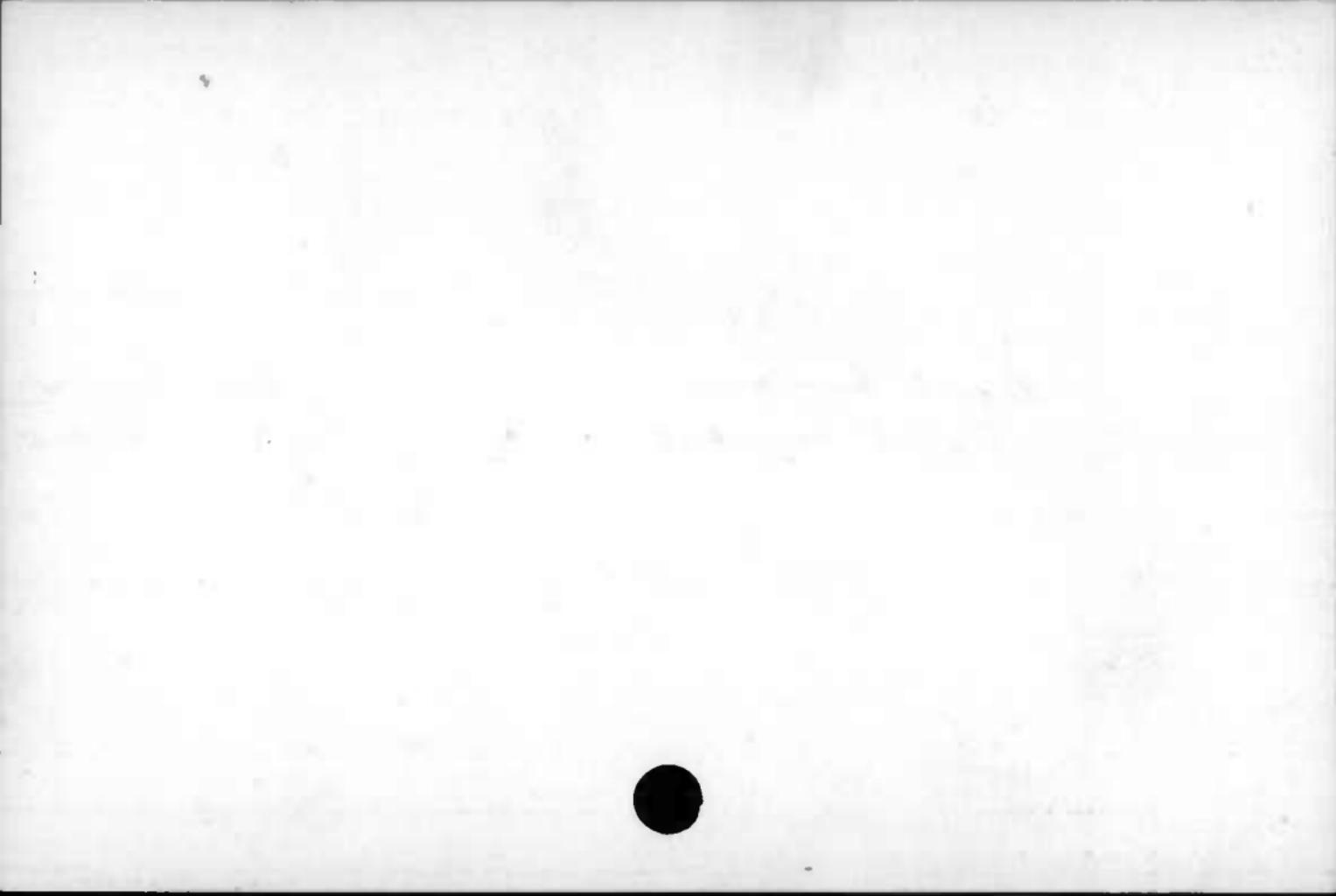
Address

J. D. Morris 26, 0,

Clevitt City, Md.

Accident or Suicide?

No



Name
in
Full

Ethel Lee Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Age	7
Occupation	None	Color or Race	White
Married, Single or Widowed	Single	Where Residing if not at place of death	
Father's Name	William Walker	Father's Birthplace	Md
Mother's Maiden Name	Jessie Gordon	Mother's Birthplace	Md.
Name of person giving Information	S. A. Nichols	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Capillary Bronchitis 1 week.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

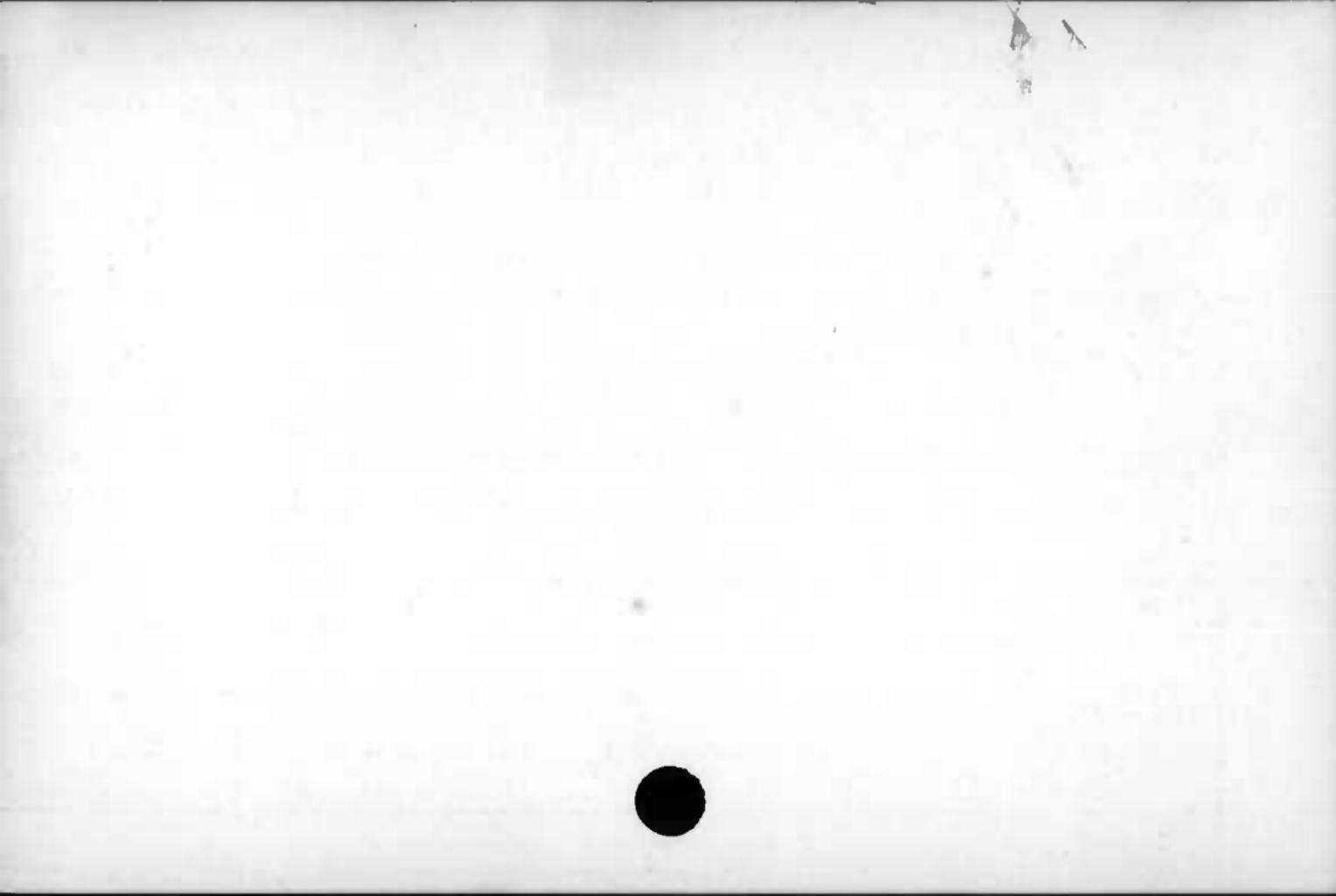
Signature of Physician

Address

S. A. Nichols
Dayton Md.

Accident or Suicide?

murder.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wallach

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Died at	Simpsonville	Howard			
Date of death	Month	Day	Years	Months	Days
1907	January	26.	Age	7	
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	none	Where Residing if not at place of death			Simpsonville
Married, Single or Widowed	single	Name of Wife or Husband	none	Father's Birthplace	Md.
Father's Name	Charles Wallach	Mother's Birthplace			Md.
Mother's Maiden Name	Ella M. Harding	How related to deceased			none
Name of person giving information	Geo. Genua				

CAUSES OF DEATH

Primary

Bronchitis

How long

Hours

Immediate

Asthma

How long

Progressive

Are the name, age, sex, color, date and place correctly given above?

Yes

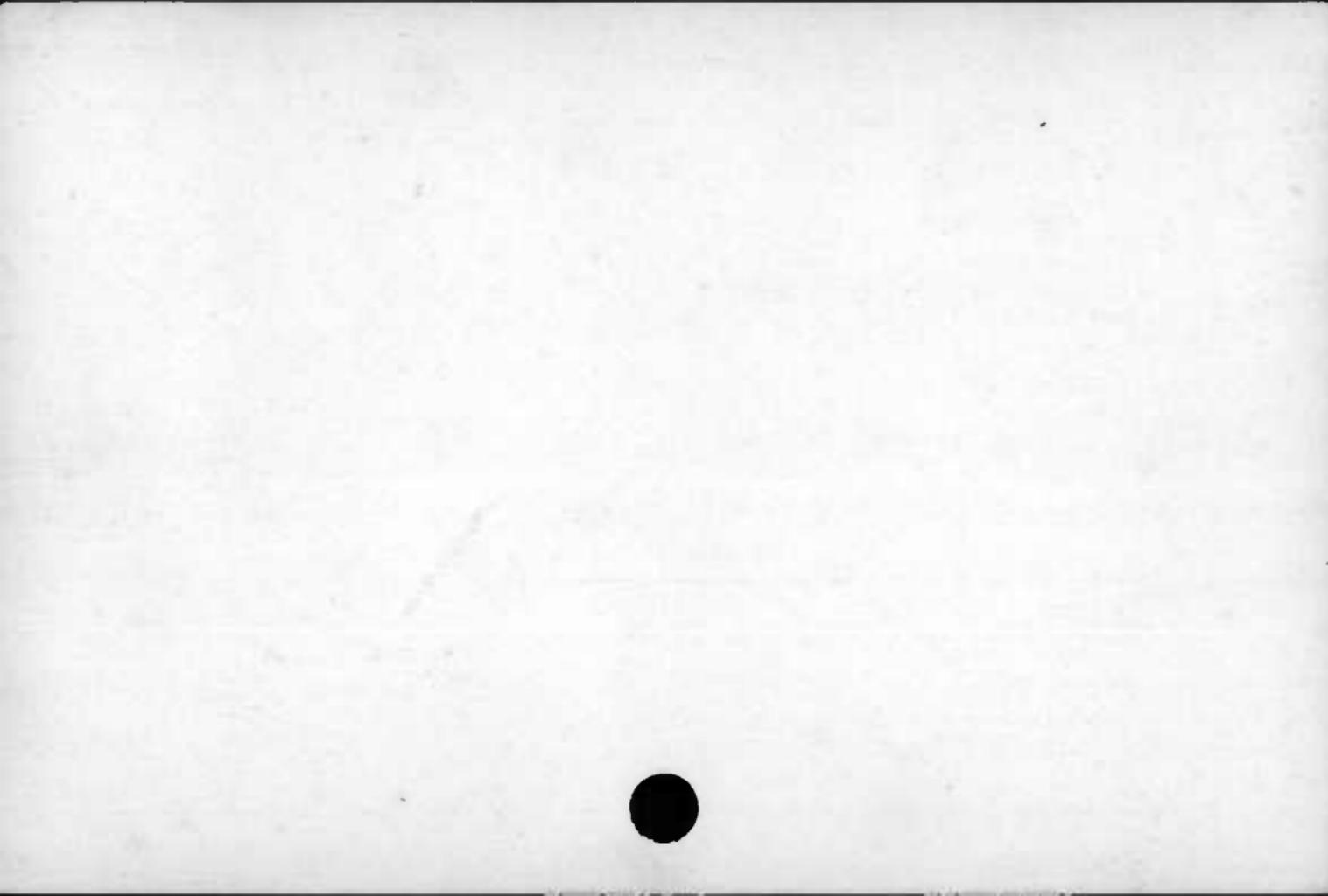
Signature of Physician

Address

W. W. L. Glass

Highland

Accident or Suicide?



Name
in
Full

Charles D Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month 1	Day 31	Years 46	Months —
Sex Male	Color or Race white	Birth-place Glenwood		
Occupation Agricultural	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband Mary S Warfield	Father's Birthplace Howard Co		
Father's Name Dr Evin Warfield	Mother's Birthplace Howard Co.			
Mother's Maiden Name Sarah Warfield	Name of person giving information Mrs Wm Mathews	How related to deceased None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accl. paralysis

How long

days

Immediate

Paralysis of heart muscle

How long

a few minutes

Are the name, age, sex, color, date and place correctly given above?

Yes,

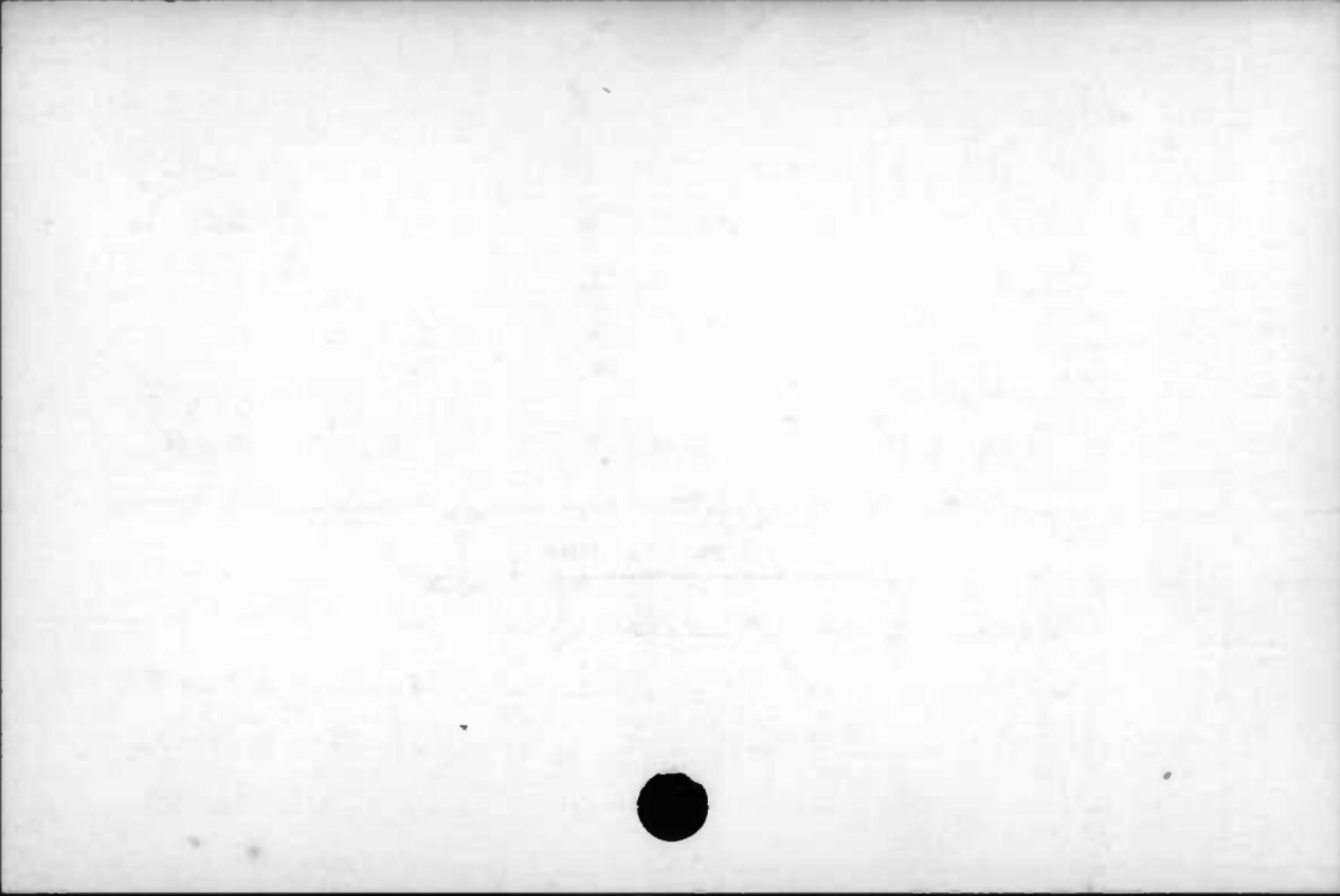
Signature of Physician

Dr W Eichelberger

Address

Dr J W Sime per
west. Glenwood

Accident or Suicide?



Name
in
Full

John Campbell White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elchester		Town	County Howard		MARYLAND		
Date of death 1907	Month Jan.	Day 11	Age 85	Years	Months	Days	
Sex Male	Color or Race White	Birth-place Md,					
Occupation None	Where Residing if not at place of death						
Mother, Single or Widowed	Name of Wife or Husband						
Father's Name Stevenson White	Father's Birthplace Ireland						
Mother's Maiden Name Priscilla Ridgley	Mother's Birthplace Md						
Name of person giving information Mrs. Priscilla N. Morrison	How related to deceased Niece						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Age

How long

Immediate

Debility

How long

6 mos.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

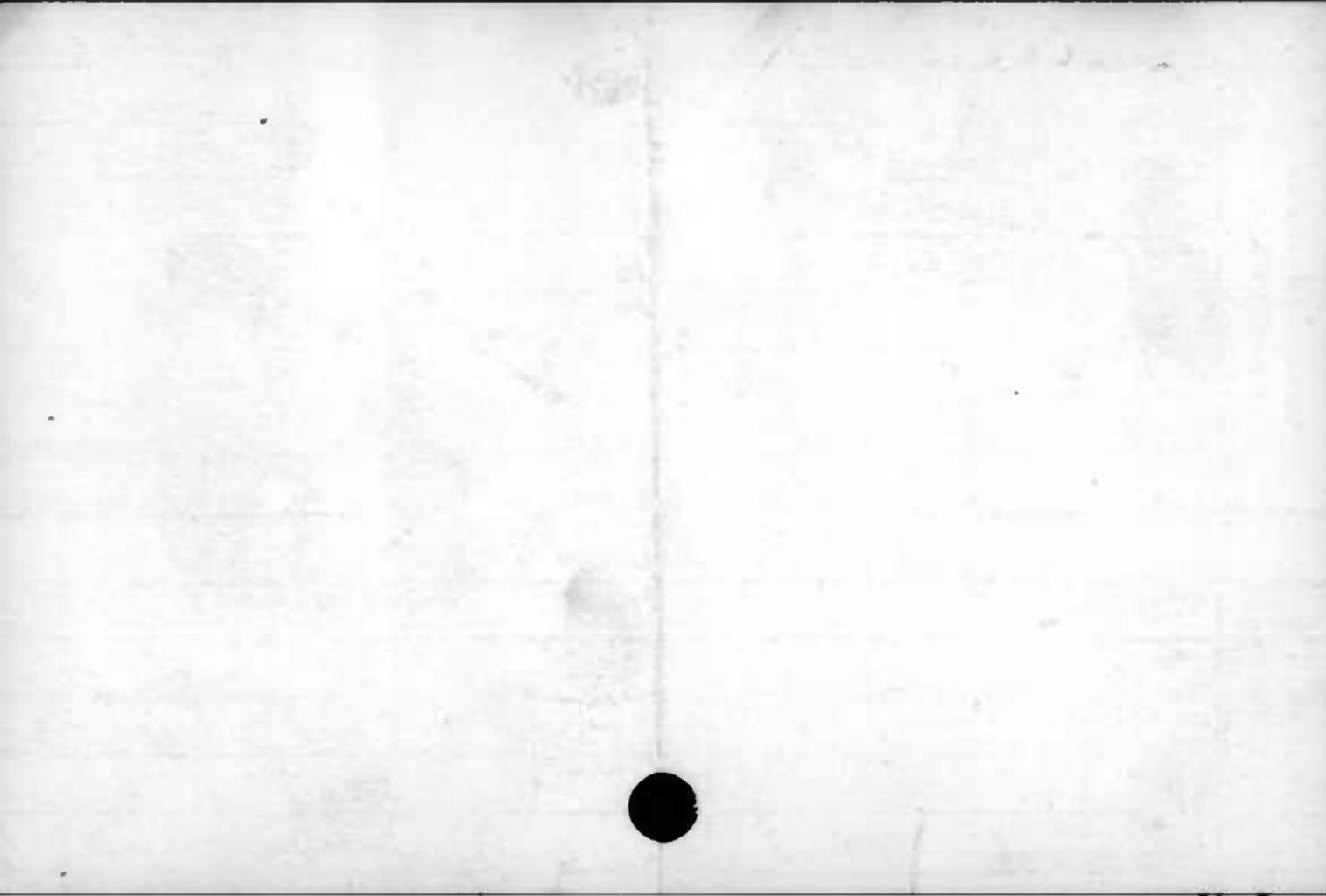
J.W.R. Easerson

Address

Eck Ridge



Accident or Suicide?



<i>Lillian May Wilson</i>					CERTIFICATE OF DEATH		
Died at		Town <i>Bellefonte</i>	County <i>Howard</i>		MARYLAND		
Date of death	1907	Month <i>Jan</i>	Day <i>16</i>	Age -	Years	Months <i>7</i>	Days <i>15</i>
Sex	<i>Female</i>	Color or Race <i>Caledonian</i>			Birth-place <i>Howard Co</i>		
Occupation	<i>Don't know</i>		Where Residing if not at place of death <i>Don't know</i>		<i>Don't know</i>		
Married, Single or Widowed	<i>Don't know</i>		Name of Wife or Husband <i>Don't know</i>	<i>Don't know</i>			
Father's Name	<i>Richard</i>		<i>Wilson</i>	Father's Birthplace <i>Howard Co</i>			
Mother's Maiden Name	<i>Olivia Curry</i>		<i>Olivia Curry</i>	Mother's Birthplace <i>Unknown</i>			
Name of person giving information	<i>Olivia Curry</i>		<i>Olivia Curry</i>	How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

Primary

Varasmas

How long

3 months

Immediate

General Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*D. W. Stultz M.D.**Catawissa, Pa.*

Accident or Suicide?

